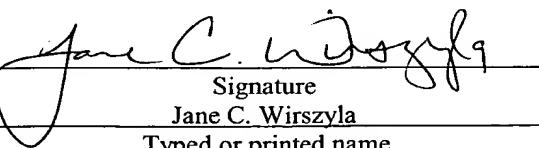
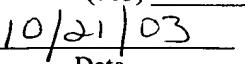


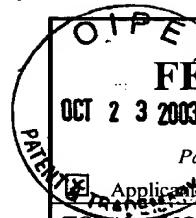


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/782,936
		Filing Date	February 14, 2001
		First Named Inventor	Vivian E. Mack Strong, et al.
		Group Art Unit	1614
		Examiner Name	Shep K. Rose
Total Number of Pages in This Submission	4	Attorney Docket Number	19603/4071 (CRF D-2598A)

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Election of Species Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): RECEIVED	
		OCT 30 2003	
		TECH CENTER 1600/2900	
		REMARKS	
		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1128 Fax: (585) 263-1600	
Signature		
Date	October 21, 2003	
	Registration No. 40,087	

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]		
I hereby certify that this correspondence is being:		
<input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450		
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.		
 Signature Jane C. Wirszyla Typed or printed name		
 Date		



FEES TRANSMITTAL OCT 23 2003 FOR FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 55

Complete if Known

Application Number	09/782,936
Filing Date	February 14, 2001
First Named Inventor	Vivian E. Mack Strong, et al.
Examiner Name	Shep K. Rose
Art Unit	1614
Attorney Docket No.	19603/4071 (CRF D-2598A)

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TECH CENTER 1600/2900

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

14-1138

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1)		(\$) 0	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =		0
Independent Claims	-3** =		0
Multiple Dependent	X		0

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	18	2202
1201	86	2201
1203	290	2203
1204	86	2204
1205	18	2205
SUBTOTAL (2)		(\$) 0

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$)** 55

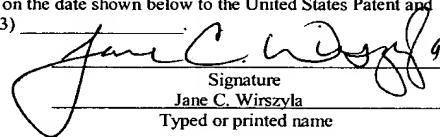
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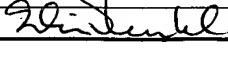
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10/21/03
Date


Signature
Jane C. Wirszyla
Typed or printed name

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Edwin V. Merkel	Registration No. (Attorney/Agent)	40,087	Telephone	(585) 263-1128
Signature				Date	October 21, 2003

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



PATENT
Docket No.: 19603/4071 (CRF D-2598A)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Vivian E. Mack Strong, et al.

Examiner:
Shep K. Rose

Serial No. : 09/782,936

Cnfrm. No. : 1665

Art Unit:
1614

Filed : February 14, 2001

For : USE OF COX-2 INHIBITORS TO TREAT
SEPSIS, COMPLICATIONS THEREOF, AND
EP RECEPTOR MODULATION

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OCT 30 2003

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RESPONSE TO ELECTION OF SPECIES REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the September 11, 2003, election of species requirement, applicants elect, with traverse, the following species. For the cyclooxygenase-2 inhibitor, applicants elect MK-0966, and, for the treatment, applicants elect treating sepsis. Claims reading on the elected species include claims 1, 15, and 24-27. However, since the entire genus of the present application can be searched and examined without undue burden on the U.S. Patent and Trademark Office, applicants submit that the election of species requirement should be withdrawn.

Respectfully submitted,

Date: October 21, 2003


Edwin V. Merkel
Registration No. 40,087

NIXON PEABODY LLP
Clinton Square, P.O. Box 31051
Rochester, New York 14603-1051
Telephone: (585) 263-1128
Facsimile: (585) 263-1600

Certificate of Mailing - 37 CFR 1.8(a)

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Date	Jane C. Wirszyk

10/21/03 